

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

Date Stamp

FILE

JUL 25 2003

CALIFORNIA
FORM 460

Page 1 of 68

A For Official Use Only

COPY

Statement covers period

from 01/01/2003

through 06/30/2003

Date of Election if applicable:

(Month, Day, Year)

01/28/2003

REGISTRAR OF VOTERS

By *A. Camp* Deputy

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
☐ State Candidate Election Committee ☐ Primarily Formed
☐ Recall ☐ Controlled
☐ Sponsored
☐ General Purpose Committee ☐ Primarily Formed Candidate
☐ Sponsored ☐ Officeholder Committee
☐ Small Contributor Committee
☐ Political Party/Central Committee

2. Type of Statement:

- ☐ Pre-election Statement ☐ Quarterly Statement
☒ Semi-annual Statement ☐ Special Odd-Year Report
☐ Termination Statement ☐ Supplemental Pre-election
☐ Amendment (Explain below) Statement - Attach Form 495

3. Committee Information

C.O. NUMBER
1243639

COMMITTEE NAME

Bill Campbell for Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-24-03
DATE

Executed on 7-24-03
DATE

Executed on
DATE

Executed on
DATE

By

By

By

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 68

5. Officeholder or Candidate Controlled Committee **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Campbell

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, District, District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM 460

Page 3 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 108,471.00	\$ 108,471.00
2. Loans Received Schedule B, Line 7	55,000.00	65,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 163,471.00	\$ 173,471.00
4. Non-monetary Contributions Schedule C, Line 3	3,074.62	3,074.62
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 166,545.62	\$ 176,545.62

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions
Received \$ 0

21. Expenditures
Made \$ 0

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 174,134.26	\$ 174,134.26
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 174,134.26	\$ 174,134.26
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	(27,291.29)	600.00
10. Nonmonetary Adjustment Schedule C, Line 3	3,074.62	3,074.62
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 149,917.59	\$ 177,808.88

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 27,797.02
13. Cash Receipts Column A, Line 3 above	163,471.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	3,142.32
15. Cash Payments Column A, Line 8 above	174,134.26
16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15	\$ 20,276.08

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 65,600.00

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period from 01/01/2003 through 06/30/2003	CALIFORNIA FORM 460 Page 4 of 68 I.D. NUMBER 1243639
--	---

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/20/2003	A Better Citizen Foundation, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
01/12/2003	Holly Ackman [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Speaker Holly K. Ackman	100.00	100.00	100.00 (S03)
03/20/2003 06/30/2003	Adams Steel [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 400.00	650.00	1,400.00 (S03)
03/20/2003 06/23/2003	Advanced Earth Sciences, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 900.00	1,400.00	1,400.00 (S03)
03/20/2003	Affiliations Unlimited Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	750.00 (S03)
SUBTOTAL \$				2,650.00		

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 107,162.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 1,309.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 108,471.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
from 01/01/2003
through 06/30/2003

CALIFORNIA
FORM 460

Page 5 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/23/2003	AKM Consulting Engineers Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	450.00 (S03)
04/11/2003	John Alaux [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Berryman Health Inc.	250.00	250.00	250.00 (S03)
04/30/2003	Marilyn Alexander [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Disneyland Resort	250.00	250.00	250.00 (S03)
01/22/2003	All Star Services Corp. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
02/05/2003	Amante & Shaffer [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	200.00 (S03)
02/12/2003	Amies Communications [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (S03)
SUBTOTAL \$				1,550.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>68</u> ID. NUMBER 1243639
--	--

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/22/2003	Analytical Planning Service Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
04/03/2003	Stephen Anderson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President SHA Enterprises Inc.	150.00	150.00	275.00 (S03)
03/20/2003	G.E. Andraos [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Land Fill & Gas Div Brian A. Stirrat & Associates	250.00	250.00	250.00 (S03)
05/20/2003 06/20/2003	Association of Orange County Deputy Sheriffs [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 782021	1,000.00 400.00	1,400.00	1,400.00 (S03)
01/22/2003 06/30/2003	B.I.A. of Southern California Political Action Committee [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 741733	1,000.00 400.00	1,400.00	1,400.00 (S03)
01/21/2003	James Baldwin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder/Chairman Village Development	1,000.00	1,000.00	1,000.00 (S03)
SUBTOTAL \$				4,450.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 01/01/2003
 through 06/30/2003

CALIFORNIA
FORM 460

Page 7 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/20/2003	Robert Balmat III [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Loder Drew & Associates	250.00	250.00	250.00 (S03)
06/23/2003	Gill Barnett [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Parking Concepts Inc.	200.00	200.00	200.00 (S03)
03/20/2003	Ray Barnett [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Manager PCI Inc.	250.00	250.00	250.00 (S03)
06/20/2003	Sharon Barnett [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	200.00	200.00	200.00 (S03)
06/20/2003	Betty Barry [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Secretary The Barry Co.	400.00	400.00	1,400.00 (S03)
04/30/2003	Randall Baumberger [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Disneyland Resort	250.00	250.00	250.00 (S03)
SUBTOTAL \$				1,550.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM **460**

Page 8 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/20/2003	James Beam [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Beam & Associates	250.00	250.00	250.00 (S03)
01/07/2003	Paul Belden [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer WLA Investments	250.00	250.00	250.00 (S03)
01/10/2003	Donald Bendetti [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner The Bendetti Company	1,000.00	1,000.00	1,000.00 (S03)
03/06/2003	James Bieber [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Direct Mail Consultant Bieber Communications	250.00	250.00	250.00 (S06)
01/22/2003	Bordier's Nursery Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (S03)
03/20/2003 06/23/2003	Brion May Consulting [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 900.00	1,400.00	1,400.00 (S03)
SUBTOTAL \$				3,400.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM 460

Page 9 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/20/2003	Broadview Mortgage Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	200.00 (S03)
01/22/2003	Charles Brobeck [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Quantum Advisors	250.00	250.00	250.00 (S03)
06/23/2003	David Brown [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Affiliations Unlimited, Inc.	200.00	200.00	200.00 (S03)
01/13/2003	Mark Brownstein [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Warmel Corporation	100.00	100.00	100.00 (S03)
02/05/2003 06/20/2003	Louis Brutocao [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00 400.00	1,400.00	1,400.00 (S03)
01/22/2003	Michelle Brutocao [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	729.00	729.00	1,000.00 (S03)
SUBTOTAL \$				2,779.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460
Page <u>10</u> of <u>68</u>	I.D. NUMBER <u>1243639</u>

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/22/2003 06/20/2003	Roberto Brutocao [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Sun Coast	1,000.00 400.00	1,400.00	1,400.00 (S03)
06/20/2003	Bryan A. Stirrat & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
03/20/2003	Peter Buffa [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Media Consultant Peter Buffa	250.00	250.00	250.00 (S03)
01/13/2003	Thomas Buines [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (S03)
06/12/2003	John Burt [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	200.00 (S03)
01/17/2003	Paula Burton [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	100.00 (S03)
SUBTOTAL \$				2,350.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM **460**

Page 11 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/03/2003	Butler Engineering Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
03/20/2003	Cabco Yellow Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
01/20/2003	CAL SMAC PAC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 801777	500.00	500.00	500.00 (S03)
06/20/2003	California Healthcare Association Political Action Committee [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 790773	400.00	400.00	1,400.00 (S03)
01/22/2003	California Private Transportation Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (S03)
03/20/2003	CALTROP [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (S03)
SUBTOTAL \$				2,150.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from 01/01/2003 through 06/30/2003	CALIFORNIA FORM 460
Page 12 of 68	I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/14/2003	Capital Pacific Holdings Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (\$03)
01/22/2003 06/23/2003	Care Ambulance Service Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 400.00	650.00	900.00 (\$03)
06/30/2003	Carter & Burgess, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	400.00 (\$03)
01/22/2003	Don Caskey [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Carter-Burgess Inc.	250.00	250.00	250.00 (\$03)
04/30/2003	Wing Chao [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Walt Disney Imagineering	200.00	200.00	200.00 (\$03)
04/03/2003	Eviwon Chough [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (\$03)
SUBTOTAL \$				2,100.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM

460

Page 13 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/13/2003	William Christie [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (S03)
03/20/2003 06/12/2003	James Chronley [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00 100.00	200.00	700.00 (S03)
02/15/2003 06/23/2003	CJ Segerstrom & Sons [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 400.00	1,400.00	1,400.00 (S03)
02/05/2003 06/12/2003	Donald Clem Jr. [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Special Deputy U.S. Marshall's Office	100.00 200.00	300.00	325.00 (S03)
01/22/2003	Mary Clyburn [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Corollo Engineers	250.00	250.00	250.00 (S03)
01/22/2003	Richard Coleman [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Carter Burgess Inc.	250.00	250.00	250.00 (S03)
SUBTOTAL \$				2,500.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM **460**

Page 14 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2003	Committee for Improved Public Policy [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 860849	400.00	400.00	1,400.00 (S03)
04/03/2003	Commonwealth Energy Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	450.00 (S03)
01/22/2003 06/30/2003	Corbett & Steelman A Professional Law Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 250.00	500.00	500.00 (S03)
04/03/2003	Coss Shreiar & Lazof [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	350.00 (S03)
04/03/2003 06/30/2003	Cox Communications Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 200.00	450.00	1,200.00 (S03)
06/12/2003	Crevier BMW [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	1,050.00 (S03)
SUBTOTAL \$				1,900.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	
Page 15 of 68		
I.D. NUMBER		1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/14/2003	Cristek Interconnects Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (S03)
06/30/2003	Lorri Crowe [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Orange County High School of Arts	400.00	400.00	1,400.00 (S03)
06/20/2003	James Curran [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Data Management	200.00	200.00	1,000.00 (S03)
03/20/2003	D.L. Cunningham, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
04/03/2003	David Recupero & Associates Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	450.00 (S03)
06/12/2003	James De Haan [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Holden Industries	100.00	100.00	300.00 (S03)
SUBTOTAL \$				1,700.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM **460**

Page 16 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/03/2003	De Santis Enterprises, Incorporated [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (S03)
04/03/2003	Del Taco, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (S03)
03/20/2003	Development Planning Solutions [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	750.00 (S03)
06/20/2003	DMB San Juan Investment North [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
03/20/2003	Doc Pac, The Orange County Medical Association [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 822271	1,000.00	1,000.00	1,000.00 (S03)
02/12/2003	Doctor's Ambulance Service [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (S03)
SUBTOTAL \$				3,000.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 17 of 68
I.D. NUMBER		1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.C. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/20/2003 06/23/2003	John Dodd [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney John L. Dodd, Attorney at Law	250.00 200.00	450.00	450.00 (S03)
06/23/2003	John Drake [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Bob Drake Bail Bonds	400.00	400.00	1,400.00 (S03)
01/27/2003	Carmela Du [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,000.00	1,000.00	1,000.00 (S03)
06/12/2003	Robert Eichenberg [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Ellison Ed. Eq. Inc.	400.00	400.00	1,400.00 (S03)
03/19/2003	Franklyn Elfend [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Land Use Consultant Elfend and Associates, Inc.	1,000.00	1,000.00	1,000.00 (S03)
05/20/2003	William Everest [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Orange County Water District	200.00	200.00	350.00 (S03)
SUBTOTAL \$				3,450.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM **460**

Page 18 of 68

ID NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/18/2003	Family Equities Management [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (S03)
01/16/2003	Gabriel Ferrucci [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	1,000.00 (S03)
06/23/2003	Fieldstone Communities, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (S03)
04/30/2003	Thomas Fitzgerald [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Walt Disney Imagineering	250.00	250.00	250.00 (S03)
06/20/2003	FLD Interests c/o Fritz Duda Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
03/20/2003	Jack Flowers [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Cunico Corp.	125.00	125.00	125.00 (S03)
SUBTOTAL \$				3,775.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM **460**

Page 19 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/10/2003	Paul Folino [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO EMULEX Corp.	500.00	500.00	1,000.00 (S03)
01/22/2003 04/03/2003 06/30/2003	John Ford [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Insight Investment Corp.	250.00 250.00 350.00	850.00	1,350.00 (S03)
06/20/2003	Juan Forster [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Valero Ref. Co.	100.00	100.00	450.00 (S03)
06/12/2003	Warren Fox [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	400.00	400.00	1,400.00 (S03)
03/20/2003	James Frisbie [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurants McDonalds	250.00	250.00	500.00 (S03)
01/22/2003 06/30/2003	Geo Syntec Consultants [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 200.00	450.00	450.00 (S03)
SUBTOTAL \$				2,550.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460
Page <u>20</u> of <u>68</u>	
I.D. NUMBER <u>1243639</u>	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/20/2003	Dennis Gertmenian [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Ready PAC Produce	250.00	250.00	600.00 (S03)
03/20/2003	Lesslie Giacobbi [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Seven Galdes Real Estate	200.00	200.00	200.00 (S03)
06/12/2003	Genevieve Glancy [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	400.00	400.00	1,400.00 (S03)
03/20/2003	Goffman, McCormick & Urban, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (S03)
04/30/2003	Donald Goodman [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Walt Disney Imagineering	250.00	250.00	250.00 (S03)
03/20/2003	Group Delta Consultants Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (S03)
SUBTOTAL \$				1,850.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460
Page <u>21</u> of <u>68</u>	I.D. NUMBER <u>1243639</u>

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/08/2003	Bernice Gudmundsen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	100.00 (S03)
01/16/2003 06/30/2003	John Hagestad [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director Sares Regis Group	1,000.00 400.00	1,400.00	1,400.00 (S03)
01/22/2003	Harbor Grill [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
06/20/2003	Harris & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	650.00 (S03)
04/30/2003	Cynthia Harriss [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Disneyland Resort	250.00	250.00	250.00 (S03)
01/15/2003 06/20/2003	Michael Hayde [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Western National Group	500.00 500.00	1,000.00	1,000.00 (S03)
SUBTOTAL \$				3,400.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 01/01/2003
 through 06/30/2003

CALIFORNIA
FORM 460

Page 22 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/03/2003	Maureen Hayes [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Parsons	250.00	250.00	250.00 (S03)
01/11/2003	Richard Haymond [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	150.00 (S03)
06/23/2003	Health-Link Transportation Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (S03)
06/12/2003	Barbara Holden [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	300.00 (S03)
06/30/2003	Hunsaker & Associates [REDACTED] [REDACTED] Source: Richard Hunsaker	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	900.00 (S03)
01/16/2003	Gary Hunt [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal California Strategies	249.00	249.00	249.00 (S03)
SUBTOTAL \$				1,299.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 01/01/2003
 through 06/30/2003

CALIFORNIA
 FORM **460**

Page 23 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/03/2003 06/12/2003	Ingardia Bros. Produce Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 400.00	650.00	1,150.00 (S03)
01/22/2003 06/23/2003	Intratek Computer Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 200.00	450.00	700.00 (S03)
01/16/2003	Jabez Holdings [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (S03)
02/26/2003	Jacobs Civil Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	249.00 (S03)
04/30/2003	Ralph Jenney [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Walt Disney Imagineering	100.00	100.00	100.00 (S03)
03/20/2003	Jena Jensen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Government Relations Children's Hospital of Orange Co.	250.00	250.00	250.00 (S03)
SUBTOTAL \$				2,699.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM

460

Page 24 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/03/2003	Lance Jensen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Judge Orange County	100.00	100.00	100.00 (S03)
03/20/2003	George Joseph [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Mossaman, Gunther, Knox & Elliott	250.00	250.00	250.00 (S03)
03/20/2003	K & B Properties Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (S03)
06/20/2003	Carl Karcher [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder Carl's Jr.	350.00	350.00	1,350.00 (S03)
03/20/2003 06/20/2003	Heather Karsten [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Interior Designer Karsten Co.	500.00 200.00	700.00	950.00 (S03)
06/23/2003	Christal Katelari [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student	400.00	400.00	400.00 (S03)
SUBTOTAL \$				2,050.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA FORM 460

Page 25 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/12/2003 06/23/2003	Katellaris Farm Nursery Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 400.00	1,400.00	1,400.00 (S03)
01/22/2003	Omer Zeki Kayiran [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner AKM Consulting	250.00	250.00	250.00 (S03)
04/26/2003	KB Home [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	1,000.00 (S03)
01/14/2003 03/20/2003	Keena Communications [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 500.00	1,000.00	1,000.00 (S03)
03/20/2003	Marc Kelly [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Alteer Corp.	250.00	250.00	250.00 (S03)
06/12/2003	Roger Kirwan [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Woodside Financial Services	400.00	400.00	1,400.00 (S03)
SUBTOTAL \$				3,800.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 01/01/2003
 through 06/30/2003

CALIFORNIA
FORM 460

Page 26 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/22/2003	Klein & Wilson [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (S03)
04/03/2003	Robert Kleist [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Printronic, Inc.	200.00	200.00	200.00 (S03)
06/12/2003	Tristan Krogius [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	550.00 (S03)
06/20/2003	Don Lang [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent Don Lang	100.00	100.00	200.00 (S03)
06/20/2003	Law Offices of Verlyn N. Jensen [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
01/06/2003	Lawrence Research [REDACTED] [REDACTED] Source: Gary Lawrence	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	542.00* * Aggregated	500.00 (S03)
SUBTOTAL \$				1,800.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM 460

Page 27 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

ID NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/14/2003	Gil Leach [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Goren Financial Services	200.00	200.00	200.00 (S03)
02/12/2003	Christopher Lee [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal FORMA	250.00	250.00	250.00 (S03)
03/20/2003	Carollyn Lobell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Nossaman, Guthner, K nox & Elliott, LLP	250.00	250.00	250.00 (S03)
01/12/2003 06/23/2003	Diane Lopez [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	200.00 400.00	600.00	600.00 (S03)
01/09/2003	Lyle Overby & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		(1,000.00) *CONTRIBUTION	(1,000.00) RETURNED	1,000.00 (S03)
06/19/2003	William Lyon [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman William Lyon Homes Inc.	400.00	400.00	400.00 (S03)
SUBTOTAL \$				700.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM **460**

Page 28 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/22/2003	William Malcolm [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Malcolm & Cisneros	1,000.00	1,000.00	1,000.00 (S03)
06/30/2003	Linda Marantette [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	350.00 (S03)
01/14/2003	Mary Aileen Matheis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Mary Aileen Matheis Attorney at Law	150.00	150.00	150.00 (S03)
06/23/2003	Maximus [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
06/23/2003	James McConnell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney James F. McConnell	249.00	249.00	1,249.00 (S03)
06/20/2003	James McIntyre [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Fremont Gen. Corp.	400.00	400.00	2,400.00 (S03)

SUBTOTAL \$ 2,299.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460
Page <u>29</u> of <u>68</u>	I.D. NUMBER <u>1243639</u>

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2003	Medix Ambulance Service [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
06/20/2003	Frank Michelena [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Frank Michelena	400.00	400.00	1,400.00 (S03)
05/30/2003	Milk Producers Council Political Action Committee [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 744692	500.00	500.00	1,000.00 (S03)
06/12/2003	Theodore Millard [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	336.44 (S03)
06/12/2003	Eleanor Moore [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	400.00	400.00	1,400.00 (S03)
03/20/2003	Carmen Morinello [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Carmen A. Morinello	1,000.00	1,000.00	1,000.00 (S03)
SUBTOTAL \$				2,800.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM 460

Page 30 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/05/2003 06/12/2003	Archer Muncy [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	111.00 200.00	311.00	311.00 (\$03)
01/15/2003	N.A.I.O.P. PAC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 950520	1,000.00	1,000.00	1,000.00 (\$03)
06/20/2003	Irving Nathanson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance T.D. Service Financial	200.00	200.00	300.00 (\$03)
02/12/2003	Robin Nelson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher ABC Unified School District	100.00	100.00	100.00 (\$03)
06/23/2003	Gerard O'Connell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hotel Owner Crowne Plaza Resort	200.00	200.00	700.00 (\$03)
03/20/2003	Odle & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	700.00 (\$03)
SUBTOTAL \$				1,911.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM

460

Page 31 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/23/2003	Orange County Business Council BIZPAC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 802010	400.00	400.00	650.00 (S03)
06/30/2003	Orange County Employees Association Incorporated Political Action Committee [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 801447	400.00	400.00	1,400.00 (S03)
06/30/2003	Orange County Produce [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	1,200.00 (S03)
06/30/2003	Orco Block Co. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	325.00 (S03)
03/20/2003 06/12/2003	Patrick Ortiz [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Ortiz Enterprises Int.	250.00 400.00	650.00	1,150.00 (S03)
06/20/2003	PacificCare - Secure Horizons of California [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
SUBTOTAL \$				2,250.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM 460

Page 32 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/20/2003	James Palmer [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President OC12M	100.00	100.00	100.00 (S03)
06/30/2003	Paragon Partners [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	450.00 (S03)
03/20/2003	Thomas & Monica Parr [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Advanced Research Laboratories	1,000.00	1,000.00	1,000.00 (S03)
01/08/2003	Dewitt Paul [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Cotton Buds Inc.	300.00	300.00	300.00 (S03)
01/16/2003	Neil Peake [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (S03)
01/22/2003	George Peterson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Project Dimension	250.00	250.00	250.00 (S03)
SUBTOTAL \$				1,950.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM

460

Page 33 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/20/2003 06/30/2003	Philip L. Anthony Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 400.00	900.00	900.00 (S03)
01/07/2003	Phoenix International [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (S03)
01/22/2003	Gale Pike [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner Beach House Restaurants	500.00	500.00	500.00 (S03)
04/03/2003	Pinnacle One, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
06/20/2003	William Podlich [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Pacific Investment Management	400.00	400.00	900.00 (S03)
03/20/2003	Douglas Prescott [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Development Douglas Prescott	250.00	250.00	250.00 (S03)

SUBTOTAL \$ 2,800.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM

460

Page 34 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/12/2003	Adam Probolsky [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Probolsky Research	1,000.00	1,000.00	1,000.00 (S03)
04/11/2003	Professionals Political Action Committee HDR Inc. etal [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 860346	250.00	250.00	500.00 (S03)
06/20/2003	Paul Pursell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physical Therapist St. Joseph Hospital	200.00	200.00	300.00 (S03)
06/30/2003	Valerie Rafferty [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	1,100.00 (S03)
06/19/2003	Rainbow Disposal Co. Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
06/23/2003	Phillip Ramos [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Man Philatron	400.00	400.00	1,400.00 (S03)

SUBTOTAL \$ 2,350.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM

460

Page 35 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/30/2003	James Rasulo [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
03/20/2003	RBF Consulting [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
03/20/2003	Kevin Rice [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Kevin G. Rice, Attorney & Counselor	250.00	250.00	250.00 (S03)
01/06/2003	S. Riela [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mobile Home Sales Falstar Enterprises Inc.	100.00	100.00	100.00 (S03)
03/20/2003	Rietsch Enterprises Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	499.00 (S03)
02/03/2003	Raymond Rizzo [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Ray's Auto Care	100.00	100.00	100.00 (S03)

SUBTOTAL \$ 1,200.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM

460

Page 36 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

LD. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/03/2003	Marleen & Bruce Rognlien [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investments Rogonar CMI, LLC	250.00	250.00	350.00 (S03)
04/30/2003	William Ross [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Walt Disney Parks & Resorts	250.00	250.00	250.00 (S03)
05/30/2003	Robert Ruth [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Tustin Bike Shop	200.00	371.50 Includes Non-Monetary Contribution(s)	371.50 (S03)
06/23/2003	Rutter Development Corporation [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
01/15/2003 03/20/2003 06/20/2003	Sapetto Government Solutions Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00 250.00 200.00	600.00	600.00 (S03)
06/12/2003	John Saunders [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor Saunders Property Co.	200.00	200.00	300.00 (S03)

SUBTOTAL \$ 1,900.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2003</u>	Page <u>37</u> of <u>68</u>	
through <u>06/30/2003</u>		I.D. NUMBER <u>1243639</u>

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/23/2003	Savala Construction Co. Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	900.00 (S03)
06/20/2003	Schaefer Ambulance Service Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	450.00 (S03)
01/21/2003	Mark Schuerman [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Lenders' Leasing Services	100.00	100.00	200.00 (S03)
03/20/2003	Scott A. Hart & Associates, LLC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (S03)
03/20/2003	Secured Funding Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
06/30/2003	Sempra Energy [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (S03)
SUBTOTAL \$				2,150.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM

460

Page 38 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/20/2003 05/20/2003	Sentinel Offender Services, LLC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 400.00	900.00	900.00 (S03)
06/30/2003	Shea Homes [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,025.00 (S03)
06/30/2003	Damon Shelly [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner D. Shelly Group	400.00	400.00	900.00 (S03)
06/20/2003	Wayne Silzel [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mortgage Banker Wayne Silzel Associates	100.00	100.00	200.00 (S03)
06/12/2003	Nabhan Simaan [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Simaan Mobil	400.00	400.00	1,400.00 (S03)
04/30/2003	Martin Sklar [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer Walt Disney Imagineering	250.00	250.00	250.00 (S03)
SUBTOTAL \$				2,450.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	
Page 39 of 68		
ID. NUMBER		1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/23/2003	James Slavik [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Mark IV Capitol	400.00	400.00	1,400.00 (S03)
03/20/2003	Southern California Real Estate Associates LTD [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	700.00 (S03)
01/07/2003	Thomas Spence [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Carter Burgess	100.00	100.00	200.00 (S03)
01/10/2003	Sperry Van Ness International Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (S03)
06/20/2003	Geoffrey Stack [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Sares-Regis Group	400.00	400.00	400.00 (S03)
03/20/2003	William Steiner [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Projects Director Childhelp USA	250.00	250.00	250.00 (S03)
SUBTOTAL \$				1,900.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
from 01/01/2003
through 06/30/2003

CALIFORNIA
FORM 460

Page 40 of 68

I.D. NUMBER
1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/12/2003	Joseph Stemler [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	600.00 (S03)
06/23/2003	Straub Distributing Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	650.00 (S03)
01/14/2003	J. Harold Street [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor J. Harold Street	250.00	250.00	250.00 (S03)
06/30/2003	Sukut Construction Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
01/13/2003	David Sundstrom [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auditor-Controller County of Orange	100.00	100.00	100.00 (S03)
04/03/2003	Swallow's Inn [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
SUBTOTAL \$				1,650.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2003</u>		
through <u>06/30/2003</u>		Page <u>41</u> of <u>68</u>
I.D. NUMBER		1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/15/2003	T.D. Service Financial Corp. [REDACTED] Source: Dale Dykema	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	1,000.00 (S03)
06/23/2003	Walter Tamulinas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/Owner ERA North Orange County Real Estate	400.00	400.00	900.00 (S03)
06/30/2003	Target Specialty Products [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	700.00 (S03)
06/30/2003	Tenet [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	1,200.00 (S03)
03/20/2003	Lawrence Tenney [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Tenney Public Relations	500.00	500.00	500.00 (S03)
01/22/2003	The Diamond Group [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
SUBTOTAL \$				2,050.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA FORM 460

Page 42 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/13/2003 06/30/2003	The Irvine Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 400.00	1,400.00	1,400.00 (S03)
04/26/2003	The Lansdale Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (S03)
01/30/2003	The Lincoln Club of Orange State PAC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 970861	1,000.00	1,000.00	1,000.00 (S03)
01/22/2003 06/23/2003	The National Traffic Safety Institute [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 400.00	650.00	900.00 (S03)
04/03/2003 06/20/2003	Gerald Thomas [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman Thomas Acura	250.00 200.00	450.00	950.00 (S03)
06/12/2003	Lawrence Thomas [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grp. Sup. Public Affairs The Irvine Company	200.00	200.00	325.00 (S03)
SUBTOTAL \$				3,950.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from 01/01/2003 through 06/30/2003	CALIFORNIA FORM 460 Page 43 of 68 I.D. NUMBER 1243639
--	---

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/20/2003	Robert Thornton [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Robert Thornton, Attorney	250.00	250.00	250.00 (S03)
01/22/2003 03/20/2003 06/23/2003	Three Star Nursery Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 250.00 250.00	750.00	1,000.00 (S03)
04/18/2003	Tierra Verde Industries [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (S03)
06/20/2003	Totty Enterprises [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	650.00 (S03)
01/23/2003 06/30/2003	Christopher Townsend [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Townsend Public Affairs	1,000.00 400.00	1,400.00	1,400.00 (S03)
06/12/2003	Toyota of Orange [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
SUBTOTAL \$				4,200.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460 Page <u>44</u> of <u>68</u> I.D. NUMBER <u>1243639</u>
--	---

NAME OF FILER Bill Campbell, Bill Campoell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/23/2003	Debra Trabattoni [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Trabattoni Consulting	250.00	250.00	250.00 (S03)
06/20/2003	Trabuco Oaks Steak House Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	950.00 (S03)
03/20/2003	TRC Environmental Solutions, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (S03)
03/20/2003	TRG Land, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (S03)
01/14/2003	Thomas Tucker [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Jer Star Capital	250.00	250.00	250.00 (S03)
01/08/2003	Tuskatella [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (S03)
SUBTOTAL \$				1,900.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460 Page <u>45</u> of <u>68</u> I.D. NUMBER <u>1243639</u>
--	--

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/05/2003	United Domestic Workers of America [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 830462	1,000.00	1,000.00	1,000.00 (S03)
06/10/2003	Richard Van Meter [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-employed	200.00	200.00	300.00 (S03)
03/20/2003 06/23/2003	Vendor Surveillance Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00 200.00	450.00	450.00 (S03)
06/30/2003	Verizon Communications Inc. Good Govt. Club - California [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 79073	200.00	200.00	500.00 (S03)
01/22/2003	Vesystems [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (S03)
06/30/2003	Ware Disposal Co. Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	1,400.00 (S03)
SUBTOTAL \$				2,500.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460 Page <u>46</u> of <u>68</u> I.D. NUMBER <u>1243639</u>
--	---

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/30/2003 06/30/2003	Waste Management-Western Group and Waste Management [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 400.00	2,400.00	1,400.00 (S03)
03/20/2003 06/23/2003	Waters & Faubel [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 400.00	1,400.00	1,400.00 (S03)
01/08/2003	Westbrook Financial Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (S03)
06/23/2003	John Williams [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	College Trustee S00000	200.00	200.00	550.00 (S03)
01/10/2003	Harold Williams Jr. [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Bank of Orange County	100.00	100.00	100.00 (S03)
03/26/2003	Ruby Wood [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Wood Public Affairs	250.00	250.00	250.00 (S03)
SUBTOTAL \$				3,450.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2003	through 06/30/2003	
Page 47 of 68		I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/12/2003	Linda Yellin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	500.00 (S03)
04/30/2003 06/20/2003	Dorothy Yocca [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00 250.00	350.00	850.00 (S03)
05/20/2003	Yosemite Waters [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	700.00 (S03)
04/12/2003	Daniel Young [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Irvine Company	250.00	250.00	250.00 (S03)
03/20/2003	Ronald Young [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	800.00 (S03)
01/12/2003	Khalil Zadeh [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ph.D. ZME Engineering Inc.	500.00	500.00	600.00 (S03)
SUBTOTAL \$				2,050.00		

Schedule B - Part I
Loans Received

SCHEDULE B - Part I

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>		CALIFORNIA FORM 460 Page <u>48</u> of <u>68</u> I.D. NUMBER <u>1243639</u>

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>Bill Campbell</u> <u>[REDACTED]</u> <u>[REDACTED]</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Supervisor</u> <u>Orange County</u>	\$ <u>10,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 10,000</u> <u>12/31/2003</u> DATE DUE	<u>% 0.000</u> RATE \$ <u>0</u>	<u>\$ 10,000</u> <u>03/15/2002</u> DATE INCURRED	CALENDAR YEAR <u>\$ 55,000</u> PER ELECTION <u>\$ 10,000</u> SC2
<u>Bill Campbell (Continued)</u> <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0</u>	\$ <u>35,000</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 35,000</u> <u>1/1</u> DATE DUE	<u>% 0.000</u> RATE \$ <u>0</u>	<u>\$ 35,000</u> <u>02/27/2003</u> DATE INCURRED	CALENDAR YEAR <u>\$ 55,000</u> PER ELECTION <u>\$ 10,000</u> SC2
<u>Bill Campbell (Continued)</u> <u>(Continued)</u> <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0</u>	\$ <u>20,000</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 20,000</u> <u>06/25/2004</u> DATE DUE	<u>% 0.000</u> RATE \$ <u>0</u>	<u>\$ 20,000</u> <u>06/25/2003</u> DATE INCURRED	CALENDAR YEAR <u>\$ 55,000</u> PER ELECTION <u>\$ 10,000</u> SC2
SUBTOTAL		\$ <u>55,000.00</u>	\$ <u>0.00</u>	\$ <u>65,000.00</u>	\$ <u>0.00</u>			

Schedule B Summary

- Loans received this period \$ 55,000.00
 (Total Column (b) plus itemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 55,000.00
 Enter the net here and on the Summary Page, Column A, Line 2

JUL-28-2003 11:24

Schedule B - Part 2 Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bill Campbell, Bill Campbell for Supervisor

Statement covers period from 01/01/2003 through 06/30/2003		SCHEDULE B - PART 2 CALIFORNIA FORM 460 Page 49 of 68 LD. NUMBER 1243639
--	--	---

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
NOT APPLICABLE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)	
SUBTOTAL \$						Continuation Summary Page, Line 17 only

Schedule C
Non-Monetary Contributions Received

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	
Page 50 of 68		I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/13/2003	John Everett [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Reception	194.00	194.00	194.00 (S03)
01/13/2003	Richard Freschi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Reception	850.00	850.00	950.00 (S03) Includes Monetary Contribution(s)
01/08/2003 - 01/14/2003	Gary Lawrence [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Market Researcher Lawrence Research	Reception	42.00	542.00* * Aggregated	42.00 (S03)
01/14/2003	Jan Murdock [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Jan Murdock Imports	Refreshments for reception	377.12	377.12	377.12 (S03)
01/03/2003 - 01/14/2003	Stefanie O'Neill [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Stefanie M. O'Neill	Refreshments, supplies, mailing	500.00	500.00	500.00 (S03)

SUBTOTAL \$ 1,963.12

Non-Monetary Contributions Summary

- Amount received this period - non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 2,879.62
- Amount received this period - non-monetary contributions of less than \$100.
(Do not itemize.) \$ 195.00
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL \$ 3,074.62**

Schedule C (Continuation Sheet)
Non-Monetary Contributions Received

SCHEDULE C (cont.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM **460**

Page 51 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/11/2003	Manuel Padilla [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Reception	150.00	150.00	400.00 (S03) Includes Monetary Contribution(s)
01/12/2003	Robert Ruth [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Tustin Bike Shop	Reception	171.50	371.50 Includes Monetary Contribution(s)	371.50 (S03) Includes Monetary Contribution(s)
01/20/2003	Richard Siebert [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Medical Towers Pharmacy	Invitations, postage, catering services	595.00	595.00	595.00 (S03)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

SUBTOTAL \$ 916.50

Schedule E
Payments Made

SCHEDULE E

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460
Page <u>52</u> of <u>68</u>	I.D. NUMBER <u>1243639</u>

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Aliso Viejo Republican Women's Federated [REDACTED] [REDACTED]	FND		500.00
American Express [REDACTED] [REDACTED]		No Credit Card Payees Over \$100	434.13
American Express [REDACTED] [REDACTED]	TRC POS CVC LIT OFC	770.36 1,933.84 250.00 315.31 27.99 7,665.66	11,163.16

SUBTOTAL \$ 12,097.29

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 173,939.45
2. Unitemized payments made this period of under \$100.	\$ 194.81
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$ 174,134.26

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period from 01/01/2003 through 06/30/2003	CALIFORNIA FORM 460
Page 53 of 68	I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bieber Communications [REDACTED] [REDACTED]	LIT			1,161.55
Mary Campbell [REDACTED] [REDACTED]	FND POS	35.00 370.00		405.00
Cingular Wireless [REDACTED] [REDACTED]	OFC			1,529.30
Clover Communications [REDACTED] [REDACTED]	LIT			2,350.00

SUBTOTAL \$ 5,445.85

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page <u>54</u> of <u>68</u>
NAME OF FILER Bill Campbell, Bill Campbell for Supervisor		I.D. NUMBER 1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR	DESCRIPTION OF PAYMENT
Community Foundation of Orange [REDACTED] [REDACTED]	CVC		AMOUNT PAID 500.00
Copy Right [REDACTED] [REDACTED]	LIT		1,102.42
Corliss Delameter [REDACTED] [REDACTED]	PRO		4,749.79
Mark Denny [REDACTED] [REDACTED]	OFC		246.62

SUBTOTAL \$ 6,598.83

Schedule E
(Continuation Sheet)
Payments Made

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM**460**

Page 55 of 68

I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads

RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging and meals (explain)
 TRS staff/spouse travel, lodging and meals (explain)
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR	DESCRIPTION OF PAYMENT
Diane Stone & Associates [REDACTED] [REDACTED]	FND CNS	3,036.90 7,858.21	AMOUNT PAID 10,895.11
Doubletree Irvine Spectrum [REDACTED] [REDACTED]	FND		335.97
Foothills Sentry [REDACTED] [REDACTED]	PRT		273.00
G. Strahan & Associates [REDACTED] [REDACTED]	LIT		25,720.90

SUBTOTAL \$ 37,224.98

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period
from 01/01/2003
through 06/30/2003

CALIFORNIA
FORM **460**

Page 56 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSE transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Barrett Garcia [REDACTED] [REDACTED]	PRO		1,175.00
John Hagestad [REDACTED] [REDACTED]	RFD	Return of 01/16/2003 Contribution	1,000.00
JC Evans Communications [REDACTED] [REDACTED]	LIT		1,620.00
Rick Lewis [REDACTED] [REDACTED]	OFC		172.03

SUBTOTAL \$ 3,967.03

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through 06/30/2003		Page 57 of 68
NAME OF FILER Bill Campbell, Bill Campbell for Supervisor		I.D. NUMBER 1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lewis Consulting Group [REDACTED] [REDACTED]	CNS POS OFC	42,500.00 485.00 398.24		43,383.24
Mailing Systems Inc. [REDACTED] [REDACTED]	LIT			201.60
Maxcomm Technologies Inc./PoliticalCalling.com [REDACTED] [REDACTED]	PHO			2,706.96
Kirk Morgan [REDACTED] [REDACTED]		Entertainment		500.00

SUBTOTAL \$ 46,791.80

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460 Page <u>58</u> of <u>68</u> LD NUMBER <u>1243639</u>
--	--

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Morrison & Burke [REDACTED] [REDACTED]	CMP			4,340.03
Jan Murdock [REDACTED] [REDACTED]	FND			377.12
Orange County Fire Fighters Association [REDACTED] [REDACTED]	PRT			600.00
Pacific Club [REDACTED] [REDACTED]	FND			1,016.62
SUBTOTAL \$				6,333.77

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period from 01/01/2003 through 06/30/2003	CALIFORNIA FORM 460
Page 59 of 68	I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT			AMOUNT PAID
	CODE	OR	DESCRIPTION OF PAYMENT	
Phillip Barry Greer Attorney at Law [REDACTED] [REDACTED]	LEG PRO	2,670.00 30,573.15		33,243.15
Political Data Inc. [REDACTED] [REDACTED]	LIT			200.00
Sergio Prince [REDACTED] [REDACTED]	CNS OFC	10,000.00 414.66		10,414.66
Registrar of Voters - Department of Elections County of Orange [REDACTED] [REDACTED]	OFC			103.77

SUBTOTAL \$ 43,961.58

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2003</u>	through <u>06/30/2003</u>	
Page <u>60</u> of <u>68</u>		I.D. NUMBER <u>1243639</u>

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain non-monetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR	DESCRIPTION OF PAYMENT
Republican Party of Orange County [REDACTED] ID# 742088	MTG		1,500.00
SBC Pacific Bell [REDACTED]	OFC TEL	1,583.28 129.04	1,712.32
Paul Sharaba [REDACTED]	MTG		100.00
Soroptimist International of Orange [REDACTED]	FND		500.00

SUBTOTAL \$ 3,812.32

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM 460

Page 61 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/miso.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR	DESCRIPTION OF PAYMENT
Tustin Chamber of Commerce [REDACTED]	OFC		125.00
Tustin High School Boys' Basketball [REDACTED]	CVC		100.00
Tustin Public Schools Foundation [REDACTED]	CVC		500.00
U.S. Postmaster [REDACTED]	POS		6,481.00

SUBTOTAL \$ 7,206.00

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA FORM 460
from 01/01/2003	
through 06/30/2003	
Page 62 of 68	
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Villa Park Leasing Corp. [REDACTED] [REDACTED]	RFD	Return of 07/09/2002 Contribution	500.00

SUBTOTAL \$ 500.00

Schedule F

Accrued Expenses (Unpaid Bills)

Statement covers period	CALIFORNIA FORM 460
from 01/01/2003	
through 06/30/2003	Page 63 of 66
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AT&T [REDACTED] [REDACTED]	OFC	12.39	0.00	12.39	0.00
American Express [REDACTED] [REDACTED]	CMP, POS, Reception, OFC,	1,659.34	7,665.66	9,325.00	0.00
Clover Communications [REDACTED] [REDACTED]	LIT	1,000.00	1,350.00	2,350.00	0.00
SUBTOTALS \$		2,671.73 \$	9,015.66 \$	11,687.39 \$	0.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL...** \$ 60,039.87

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL...** \$ 82,331.16

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$ (27,291.29)

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA FORM 460
from 01/01/2003	
through 06/30/2003	Page 64 of 68
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Corliss Delameter [REDACTED] [REDACTED]	PRO	1,389.43	0.00	1,389.43	0.00
G. Strahan & Associates [REDACTED] [REDACTED]	LIT	19,671.48	6,049.42	25,720.90	0.00
JC Evans Communications [REDACTED] [REDACTED]	LIT	1,620.00	0.00	1,620.00	0.00
Lea Petersen [REDACTED] [REDACTED]	FND	600.00	0.00	0.00	600.00
SUBTOTALS \$		23,280.91	\$ 6,049.42	\$ 28,730.33	\$ 600.00

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460 Page <u>65</u> of <u>68</u> I.D. NUMBER <u>1243639</u>
--	--

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain non-monetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mailing Systems Inc. [REDACTED]	LIT	201.60	0.00	201.60	0.00
Mary Campbell [REDACTED]	POS	370.00	0.00	370.00	0.00
Maxcomm Technologies Inc./PoliticalCalling.com [REDACTED]	PHO	1,140.00	1,566.96	2,706.96	0.00
Political Data Inc. [REDACTED]	LIT	200.00	0.00	200.00	0.00
SUBTOTALS \$		1,911.60 \$	1,566.96 \$	3,478.56 \$	0.00

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460 Page <u>66</u> of <u>68</u> I.D. NUMBER <u>1243639</u>
--	--

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSE transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SBC Pacific Bell [REDACTED] [REDACTED]	OFC	27.05	516.48	543.53	0.00
SUBTOTALS \$		27.05 \$	516.48 \$	543.53 \$	0.00

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of an Officeholder or
Candidate)

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from 01/01/2003	
through 06/30/2003	Page 67 of 68
I.D. NUMBER	
1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/bailot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PCS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEC legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Doubletree Irvine Spectrum [REDACTED] [REDACTED]	Reception	7,567.57
SUBTOTAL \$		7,567.57

Schedule I
Miscellaneous Increases to Cash

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM**460**

Page 68 of 68

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
02/24/2003	County of Orange [REDACTED] [REDACTED]	Refund - Candidate Statement	3,129.86

SUBTOTAL \$

3,129.86

Miscellaneous Increases to Cash Summary

1. Increases to cash of \$100 or more this period.	\$ 3,129.86
2. Increases to cash under \$100 this period. (Do not itemize.)	\$ 12.46
3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.)	TOTAL \$ 3,142.32